SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 133
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16	☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
Dr. Charles B Rich

Mailing Address 4100 Foxcroft Road

City Charlotte
State NC
Zip Code 28211

FEC ID number of contributing federal political committee. C

Name of Employer CarolinasHealthCareSystem
Occupation PHYS

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
11 18 2015

Transaction ID : SA11AI.14144

Amount of Each Receipt this Period
250.00

Aggregate Year-to-Date ▼
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Geoffrey A Rose

Mailing Address 315 Hempstead Place

City Charlotte
State NC
Zip Code 28207

FEC ID number of contributing federal political committee. C

Name of Employer Carolinas HealthCare System
Occupation PHYS

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 01 2015

Transaction ID : SA11AI.13485

Amount of Each Receipt this Period
30.00

Payroll Deduction $30 monthly

Aggregate Year-to-Date ▼
210.00

C. Full Name (Last, First, Middle Initial)
Dr. Geoffrey A Rose

Mailing Address 315 Hempstead Place

City Charlotte
State NC
Zip Code 28207

FEC ID number of contributing federal political committee. C

Name of Employer Carolinas HealthCare System
Occupation PHYS

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Transaction ID : SA11AI.14004

Amount of Each Receipt this Period
30.00

Payroll Deduction $30 monthly

Aggregate Year-to-Date ▼
240.00

SUBTOTAL of Receipts This Page (optional).. ▶
310.00

TOTAL This Period (last page this line number only)... ▶

FEC **Schedule A (Form 3X)** Rev. 02/2003